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**From:** Nelson, Angela </O=CVSCAREMARK/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=ANELSON>  
**To:** Harrington, Nicole J.  
**CC:** Travassos, Michelle L.; Nelson, Angela  
**Sent:** 7/9/2018 6:32:20 PM  
**Subject:** FW: Phase II CS Documentation Feedback.pptx  
**Attachments:** 6\_26\_18 CS Documentation pilot.pptx; 2018.6.25\_Controlled Substance Therapy Review Checklist\_Final\_Version3\_Chain.docx; Phase II CS Documentation Feedback.pptx

Nicci

Michelle and I would like to discuss the feedback from phase II of the pilot program for CS documentation. Attached is some of the feedback from phase II and the new document that we are proposing. I will find time on Tuesday when we are all available to discuss rolling out to a state- maybe Mass??

Thanks  
Angela

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**From:** Nelson, Angela  
**Sent:** Tuesday, June 26, 2018 8:55 PM  
**To:** Harrington, Nicole J. <Nicole.Harrington@CVSHealth.com>  
**Cc:** Travassos, Michelle L. <Michelle.Travassos@CVSHealth.com>; Nelson, Angela <Angela.Nelson@CVSHealth.com>  
**Subject:** FW: Phase II CS Documentation Feedback.pptx

Nicci,

Attached is an overview of the CS documentation pilot and what we have done in the past few months. We went through the forms that we collected (about 50) and provided you some details. We do think that our recommendations we provided you yesterday will help some of the observations we saw on the forms – particularly the scripts that were under 50 MME. I think the new form aligns us to be success as we roll out to the chain. We also proposed a timeline to roll out to one state (MA or another state) then to the chain in September. Let me know what think or we can put up some time to discuss

Thanks,  
Angela

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**From:** Nelson, Angela  
**Sent:** Monday, June 25, 2018 6:16 PM  
**To:** Harrington, Nicole J. <[Nicole.Harrington@CVSHealth.com](mailto:Nicole.Harrington@CVSHealth.com)>  
**Cc:** Travassos, Michelle L. <[Michelle.Travassos@CVSHealth.com](mailto:Michelle.Travassos@CVSHealth.com)>; Nelson, Angela <[Angela.Nelson@CVSHealth.com](mailto:Angela.Nelson@CVSHealth.com)>  
**Subject:** Phase II CS Documentation Feedback.pptx

Nicci

Attached is the feedback we received from rphs on the 2<sup>nd</sup> phase of our pilot – overall feedback was very good except the fact of not having in the system. Michelle and I made some changes to document. Attached. We can walk through it together on Thursday or you can call me on Tuesday morning to review. Michelle and I would like to discuss rolling out a state/region next and then to full chain.

Thanks  
Angela

**DOCUMENT WITHHELD FOR PRIVILEGE**



## Store feedback from Phase II of CS Documentation Pilot

### OBSERVATIONS

### RECOMMENDATIONS

| Positive  | Neutral   | Negative  |  |
|---|---|---|--|
| RPhs like form and are getting used to it             | Many scripts for Oxy and Hydro are for low MME < 30     | Takes too much time to fill out                                 | <ul style="list-style-type: none"> <li>Do not fill out form for those scripts &lt;50 MME</li> </ul>                          |
| Patients are becoming accustomed to protocol          | 3 refuses to 150 fills- not forcing greater RTF scripts | Need to duplicate documentation in RxConnect                    | <ul style="list-style-type: none"> <li>Integrate checklist to RxConnect system</li> </ul>                                    |
| Like MME info makes it easier to have convo w/ MD     | Time to complete is 5-7 minutes                         | Difficulty meeting WeCARE scores when filling form out          | <ul style="list-style-type: none"> <li>Move PMP access to Data Entry Verification vs Product Verification</li> </ul>         |
| Documentation gives credence to why we filled scripts | Difficult to keep track of refusals to fill             | Difficulty tracking to see that form was filled out for scripts | <ul style="list-style-type: none"> <li>Create MD verification Fax form</li> </ul>  |
| New form is easier to use than previous version       |   | Process occurs out of workflow                                  | <ul style="list-style-type: none"> <li>Do not fill out for refusal to fills</li> </ul>                                       |
| Like the red flags checklist                          |   | Prescriber push back for DX code or description of txt          | <ul style="list-style-type: none"> <li>Add Methadone and Combination fills to list</li> </ul>                                |
| Formalizes what the RPhs were already doing           |   | Impact to customer service for MD call back                     | <ul style="list-style-type: none"> <li>Provide additional information on CDC Guidelines to distribute to patients</li> </ul> |

**As RPhs and Patients become used to process, ensure Documentation Form is not replacing actively exercising Corresponding Responsibility**





## Store feedback from Phase II of CS Documentation Pilot

| OBSERVATIONS  | RECOMMENDATIONS  |
|---|--|
| <p><b>Positive</b></p> <p>Helps team to be more vigilant with Narcan</p> <p>Helps to see dosing through a clinical lens</p> <p>Helps RPh to ensure they are not missing steps in exercising CR</p> <p>May prevent us from meeting customer expectations</p> <p>Gives accountability to each RPh for consistency</p> | <p><b>Negative</b></p> <p>MDs are defensive and question why we are requesting info</p> <p>Larger impact in timing to higher volume stores</p> <ul style="list-style-type: none"> <li>Move prescription number and prescriber name under patient name for use of auxiliary rx sticker</li> <li>Do not require form to be filled out every month for the same patients</li> <li>Add physician type selections to form ie Urgent Care, Family Medicine; Pain Management</li> <li>Do not require form to be filled out for low quantity dental scripts</li> </ul> |

Recommended feedback changes to final form for roll out:

- Fill out form for  $\geq$  50 MME only
- Removed printing requirement for PMP
- Added optional drugs of concern to form
- Changed header format for ease of use
- PMP changes will be incorporated for future RxConnect enhancement





## Documentation of Controlled Substance Review

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Prescriber: \_\_\_\_\_

DOB: \_\_\_\_\_

Prescription Number: \_\_\_\_\_

Pharmacist on duty: \_\_\_\_\_ (print name)

Pharmacists **must** exercise their corresponding responsibility before dispensing **any controlled substance**. On this form document your work for Oxycodone & Hydrocodone scripts  $\geq 50$  MME. Form may be used for other medications as appropriate

|   |   |
|---|---|
| MME   | <input type="checkbox"/> Oxycodone _____ mg X _____ tablets/day X 1.5 = _____ MME<br>(Conversion factor)  |
|   | <input type="checkbox"/> Hydrocodone _____ mg X _____ tablets/day X 1 = _____ MME<br>(Conversion factor)  |
|   | <i>At RPh's discretion-see conversion chart reference</i><br><input type="checkbox"/> Hydromorphone <input type="checkbox"/> Methadone <input type="checkbox"/> Morphine <input type="checkbox"/> Other _____ MME   |
|   | <b>The CDC Guidelines Recommend that Prescribers:</b><br><ul style="list-style-type: none"> <li>Use caution when prescribing opioids at any dosage &amp; prescribe at the lowest effective dose</li> <li>Use precaution when increasing to <math>\geq 50</math> MME per day</li> <li>Carefully justify increasing dosage to <math>\geq 90</math> MME per day</li> </ul>   |
| Naloxone  | <input type="checkbox"/> Consider offering to any patient prescribed over 50 MME per day  |
| Diagnosis   | <input type="checkbox"/> If relevant diagnosis is unavailable & MME>50, contact prescriber & document in RxConnect  |
| PMP   | <input type="checkbox"/> Yes, I have reviewed PMP (Access through QV or Patient Profile)<br><input type="checkbox"/> No, please explain; list date/time attempted (should only occur if system is down)   |
| Identify and resolve potential red flags**  | <input type="checkbox"/> Yes, potential red flag(s) are present; check those that apply (see Red Flag Definitions):<br><input type="checkbox"/> Cash <input type="checkbox"/> Store Shopping <input type="checkbox"/> High quantity <input type="checkbox"/> Age <input type="checkbox"/> MD Shopping<br><input type="checkbox"/> Cocktail <input type="checkbox"/> Distance <input type="checkbox"/> Only Controls <input type="checkbox"/> High MME <input type="checkbox"/> Other<br><b>Document resolution of red flags below:</b><br><br><input type="checkbox"/> No, I have review and determined that no potential red flag(s) are present |
| Prescriber  | <input type="checkbox"/> I did not contact the prescriber because there are no red flags present<br><input type="checkbox"/> I did not contact the prescriber because _____<br><input type="checkbox"/> I contacted the prescriber's office and spoke to _____<br><br>Document substance of discussion with prescriber below and in patient profile:  |
| I understand CVS policy with respect to corresponding responsibility, have followed that policy in connection with this prescription, and I have documented on this form relevant information about my decision whether or not to dispense. After completing my review, I have decided to:<br><div style="display: flex; justify-content: space-around; align-items: center;"> <span style="margin-right: 20px;"><input type="checkbox"/> Fill this Rx</span> <span><input type="checkbox"/> Refuse to fill this Rx</span> </div> Pharmacist Signature: _____ (place this document in binder) |   |

\*This document is not a part of the patient's record

\*\*Red flag list does not include all potential red flags; pharmacists should evaluate ALL aspects of the prescription prior to filling